

Conflict of Interest Grievance

Date of Supervisor conference: _____ Date of concern: _____

County Reporting Grievance: _____ SWS Name: _____ Home___ Receiving___

County of Concern: _____ SWS Name: _____ Home___ Receiving___

Case Head and case number _____

Explain situation, circumstances and impact to the case: (Give concrete summary information)

Describe any efforts of direct service staff involved to resolve the matter prior to supervisor involvement

Describe response by county of concern during this conf:

Efforts of supervisors to resolve matter during this conf. (next steps/who will complete/by when etc)

Grievance effectively resolved at supervisor level? Yes___ No___

(If no, grieving county PM/PA contacts PM/PA in county of concern for further review)

Date of Program Manager/Administrator conference: _____

County Reporting Grievance PM/PA: _____ Home___ Receiving___

County of Concern PM/PA: _____ Home___ Receiving___

Case Head and case number _____

Explain unresolved circumstances and concerns that impact case:

Describe efforts of direct service and supervisory staff involved to resolve matter prior to PM/PA conf:

Describe response by county of concern during this conf:

Efforts of PM/PAs to resolve the issue (identify next steps/who will complete/by when etc)

Grievance effectively resolved at Upper Management level? Yes___ No___

(If no, Directors in both counties will be apprised of the unresolved matter, and may review further)